

www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 004800007		CITY OR TOWN	ATHOL
APPLICATION FO	R RENEWAL	: Annual	LICENSI	ED FOR 2013
		CLASS		YEAR
LICENSEE NAME	: CINNAMO	N'S INC.		
DOING BUSINESS	S A			
ADDRESS 491 MA	AIN ST			
CITY/TOWN: AT	HOL	STATE: MA	ZIP CODE:	01331
	ΓΙSHEN, THONY J.	TYPE OF LICENSE: Re	estaurant CAT	ΓEGORY: Wine and Malt Regular
EMAIL ADDRESS	:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR E	EMAIL ADDRESS	
DESCRIPTION OF	LICENSED P	REMISES:		
FIRST FLOOR; MA FOR STORAGE	AIN DINING R	ROOM, REAR DINING RO	OOM AND KITCHEN.	. CELLAR USED
I hereby certify and	swear under pe	enalties of perjury that:		
1. the renev	wed license will	l be of the same type for the	e same premises now li	censed;
2. the licen	see has complie	ed with all laws of the Com	monwealth relating to t	taxes; and
3. the prem	ises are now or	pen for business (If not expl	lain below)	
SIGNED BY:				
	Individual, l	Partner or Authorized Corp	orate Officer	
DATE:	TELE	EPHONE NUMBER:	EMPLOYER I	DENTIFICATION NUMBER:
			(Note: NOT Indiv	idual Social Security Number)
Acts of 2004, signe	ed by the build	we are in possession (1) th ling inspector and the hea liquor liability insurance	d of the fire departme	ent for the above named
Please Check Below:			LOCAL LICENSIN	NG AUTHORITY
APPROVED:			By:	
DISAPPROVED:	1-:-)			
(If disapproved exp	iaifi)			
			-	
DATE:				
APPLICATION FOR RENE	EWAL MUST BE FIL	ED BY LICENSEES DURING THE M	MONTH OF NOVEMBER (M.G	.L. Ch. 138 \$ 16A)



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	004800008		CITY	OR TOWN	ATHOL	
APPLICATION FOR	RENEWAL:	Annual		LICEN	NSED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	ATHOL PIZZA HOU	SE INC				
DOING BUSINESS A	A ATHOL HOUSE O	F PIZZA REST	`.			
ADDRESS 522 MAIN	N ST					
CITY/TOWN: ATH	OL	STATE: M	A ZI	P CODE:	01331	
MANAGER: SPAN AGAT		OF LICENSE:	Restaurant	C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
P	LEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOU	R EMAIL ADDI	RESS		
DESCRIPTION OF L						
FIRST FLOOR; DINI CELLAR FOR STOR		N,STORAGE F	ROOM AN	D TWO W	ATER CLOSE	ETS.
2. the license	d license will be of the has complied with al es are now open for bu	e same type for I laws of the Co siness (If not e	ommonwea xplain belo	lth relating w)		
DATE:	TELEPHONE :	NUMBER:	(1)		ER IDENTIFICAT adividual Social S	
Acts of 2004, signed	, attest that we are in by the building inspe ertificate of liquor lia	ector and the h	ead of the	fire depar	tment for the	above named
Please Check Below:			LOC	AL LICEN	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explai	n)					
DATE:						



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 004800010	CITY OR TOWN ATHOL
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: EDWARD H. PHILLIPS POST HOM	E INC.
DOING BUSINESS A	
ADDRESS 325 PEQUOIG AVE	
CITY/TOWN: ATHOL STATE: MA	ZIP CODE: 01331
MANAGER: PIERCE, THOMAS TYPE OF LICENSE: V	eterans club CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
ONE LARGE ROOM IN ATTACHED BUILDING ON FIR ON FIRST FLOOR, ONE IN BASEMENT	ST FLOOR. THREE ROOMS IN HOME
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for the	e same premises now licensed;
2. the licensee has complied with all laws of the Con	nmonwealth relating to taxes; and
3. the premises are now open for business (If not exp	plain below)
SIGNED BY:	0.07
Individual, Partner or Authorized Corp	porate Officer
DATE: TELEPHONE NUMBER.	EMBLOVED IDENTIFICATION NUMBER.
TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
	,
We the undersigned, attest that we are in possession (1) to Acts of 2004, signed by the building inspector and the heat	
license and (2) the certificate of liquor liability insurance	
Please Check Below:	LOCAL LICENSING AUTHORITY
APPROVED:	By:
DISAPPROVED:	
(If disapproved explain)	
DATE:	



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 004800011		CITY OR TOWN	ATHOL	
APPLICATION FOR	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 5 PINE S	A THE DERY BAR				
CITY/TOWN: ATH		STATE: MA	ZIP CODE:	01331	
	Y, RICHARD TYP	PE OF LICENSE: Res		CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF I		BSITE AND ENTER YOUR EM	IAIL ADDRESS		
ONE FLOOR, 2 ROO					
I hereby certify and s					
	_	the same type for the	same premises nov	w licensed;	
		all laws of the Comm business (If not expla		to taxes; and	
SIGNED BY:	Individual, Partner	or Authorized Corpo	rate Officer		
DATE:	TELEPHON	E NUMBER:		ER IDENTIFICAT	
We the undersigned Acts of 2004, signed license and (2) the c	by the building ins	pector and the head	of the fire depar	tment for the	above named
Please Check Below: APPROVED:			LOCAL LICEN By:	SING AUTHO	ORITY
DISAPPROVED:					
(If disapproved expla	111)				
DATE:					



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 004800013	CITY OR TOWN ATHOL	
APPLICATION FOR RENEWAL: Annua	LICENSED FOR 2013	
CLAS	S YEAR	
LICENSEE NAME: ELLINWOOD COUNTRY CLUB	3 INC.	
DOING BUSINESS A		
ADDRESS 1928 PLEASANT ST		
CITY/TOWN: ATHOL STATE:	MA ZIP CODE: 01331	
MANAGER: JOHNSON, VICKI TYPE OF LICENS	E:Club CATEGORY: All Alcohol	
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WEBSITE AND ENTER Y	OUR EMAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES:		
ONE FLOOR, MAIN HALL, LOUNGE, BAR AND LOU LIQUOR STORAGE ROOM. KITCHEN, CELLAR FOI		
I hereby certify and swear under penalties of perjury that:	:	
1. the renewed license will be of the same type for	or the same premises now licensed;	
2. the licensee has complied with all laws of the	Commonwealth relating to taxes; and	
3. the premises are now open for business (If not	t explain below)	
		_
SIGNED BY:		
Individual, Partner or Authorized	Corporate Officer	
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:	
	(Note: NOT Individual Social Security Number)	
We the undersigned, attest that we are in possession (	(1) the certificate required by Chapter 304 of the	
Acts of 2004, signed by the building inspector and the	e head of the fire department for the above named	
license and (2) the certificate of liquor liability insura	ance required by Chapter 116 of the Acts of 2010.	
Please Check Below:	LOCAL LICENSING AUTHORITY	
APPROVED:	By:	
DISAPPROVED:		
(If disapproved explain)		
DATE:		



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	X: 004800015		C	II Y OK TOV	VN ATHOL	•	
APPLICATION FO	R RENEWAL:	Annua	.1	LIC	ENSED FOR	2013	
		CLAS	S			YEAR	
LICENSEE NAME: DOING BUSINESS ADDRESS 365 SOU	A ATHOL MASS		LIZATIO	ON CLUB			
		CT A TE	3.64	ZID CODE	01221		
CITY/TOWN: AT		STATE:		ZIP CODE			
MANAGER: HAN DAN		YPE OF LICENS	E:Club		CATEGOR	Y: All Alcohol	
EMAIL ADDRESS:							
	PLEASE ALSO VISIT OUR		OUR EMAII	ADDRESS			
DESCRIPTION OF			amon .	. CD			
ONE FLOOR,KITC				AGE			
I hereby certify and s	•	1 5 6			1 1.		
	ved license will be o	• •		-		1	
	ee has complied wi				ng to taxes; ar	10	
3. the premi	ses are now open fo	or business (II no	ı expiain	below)			
SIGNED BY:	Individual, Partn	er or Authorized	Corporat	e Officer			
DATE:	ТЕГЕРНО	NE NUMBER:				CATION NUMBER:	
We the undersigne Acts of 2004, signed license and (2) the	d by the building i	nspector and the	e head of	the fire dep	artment for t	the above named	
Please Check Below:			]	LOCAL LICI	ENSING AUT	THORITY	
APPROVED:			]	Ву:			
DISAPPROVED:							
(If disapproved explain	aın)						
DATE:							



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	C: 004800016		CITYOR	IOWN	ATHOL	
APPLICATION FOR	R RENEWAL:	Annual		LICEN	ISED FOR 20	)13
		CLASS				YEAR
LICENSEE NAME:	CLUB FRANCO-A	MERICAN DE NA	ATURALIZA'	TION I	D'ATHOL	
DOING BUSINESS	A					
ADDRESS 592-94 S	SOUTH ST					
CITY/TOWN: ATH	HOL	STATE: MA	ZIP CC	DDE:	01331	
MANAGER: LaFo	ountain, Norman TYP	E OF LICENSE:C	lub	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	EMAIL ADDRESS			_
DESCRIPTION OF	LICENSED PREMIS	ES:				
2 ROOMS AND OF	FICE ON STREET F	LOOR. CELLAR U	JSED FOR S	TORAC	<b>SE</b>	
I hereby certify and s	swear under penalties	of perjury that:				
1. the renew	red license will be of t	he same type for th	e same premi	ses now	licensed;	
2. the license	ee has complied with	all laws of the Con	monwealth re	elating t	to taxes; and	
3. the premi	ses are now open for	business (If not exp	lain below)			
-						
SIGNED BY:						
	Individual, Partner	or Authorized Corp	orate Officer	•		
DATE:	TELEPHON	E NUMBER:			R IDENTIFICAT	
			(Note:	NOT Inc	dividual Social S	ecurity Number)
We the undersioned	d, attest that we are	in nossession (1) f	he certificate	reanir	ed by Chante	er 304 of the
	d by the building ins					
license and (2) the	certificate of liquor l	iability insurance	required by	Chapte	er 116 of the	Acts of 2010.
Please Check Below:			LOCAL !	LICENS	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expla	ain)					
DATE						
DATE:						



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 004800017		CITY OR TOWN	1 ATHOL	
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	13
		CLASS			YEAR
	MARK IV LOUNGE A TRAVERSE STRE VERSE ST				
CITY/TOWN: ATI	HOL	STATE: MA	ZIP CODE:	01331	
	DWELL, TYPE/ID M.	OF LICENSE: Ro	estaurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBS		EMAIL ADDRESS		•
	LICENSED PREMISE				
	OOMS; BAR AND GA COOLER FOR STORA		COND FLOOR 3 RC	JOMS. BASEN	MENT;
<ol> <li>the renew</li> <li>the licens</li> </ol>	swear under penalties of yed license will be of the see has complied with a sises are now open for bu	e same type for that laws of the Com	monwealth relating		
SIGNED BY:	Individual, Partner or	r Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:		ER IDENTIFICAT	
Acts of 2004, signe	ed, attest that we are in d by the building insp certificate of liquor lia	ector and the hea	d of the fire depar	tment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICEN By:	ISING AUTHO	DRITY
DATE:					



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 004800021		CITY OR TOWN ATHOL	
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NAM	ME: BRADFORD N. CAS	S & JOHN E. CO	TTER	
DOING BUSINI	ESS A UPTOWN PACKAC	E STORE		
ADDRESS 2280	) MAIN ST.			
CITY/TOWN:	ATHOL	STATE: MA	ZIP CODE: 01331	
	OHN E. COTTER TYPE & BRADFORD N. C	OF LICENSE: Pac	kage Store CATEGORY	: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EN	IAIL ADDRESS	
DESCRIPTION	OF LICENSED PREMISES	<b>;</b> :		
One room for ret	tail with walk in cooler. Sma	all office and bath	room. Approx 1500 sq ft.	
2. the lie		laws of the Comm	same premises now licensed; nonwealth relating to taxes; and nin below)	
SIGNED BY:	Individual, Partner or	Authorized Corpo	orate Officer	
DATE:	TELEPHONE I	NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Please Check Below APPROVED: [DISAPPROVED (If disapproved e	):		LOCAL LICENSING AUTH By:	HORITY
DATE:				



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMI	BER: 004800022		CITY OR TOWN	ATHOL	
APPLICATION :	FOR RENEWAL:	Annual	LICENSI	ED FOR 2013	
		CLASS		YEAR	
DOING BUSINE	ME: STANS LIQUOR MA ESS A SOUTH MAIN STREET	ART, INC.			
CITY/TOWN:	ATHOL	STATE: MA	ZIP CODE:	01331	
	MILUSICH, TYPE CONSTANCE A.	OF LICENSE: Pac	kage Store CA	ΓEGORY: All Alcoho	ol
EMAIL ADDRE	SS:				
DESCRIPTION (	PLEASE ALSO VISIT OUR WEBS OF LICENSED PREMISE		IAIL ADDRESS		
1. the rer 2. the lic 3. the pr	nd swear under penalties of newed license will be of the tensee has complied with al emises are now open for bu	e same type for the l laws of the Comn	nonwealth relating to		
SIGNED BY:	Individual, Partner or	Authorized Corpo	rate Officer		
DATE:	TELEPHONE	NUMBER:		DENTIFICATION NUMBER	
Please Check Below: APPROVED:  DISAPPROVED (If disapproved e	):		LOCAL LICENSII By:	NG AUTHORITY	
DATE:					



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	104800023		CITY OR TOWN ATHOL	
APPLICATION FOR F	RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NAME: I				
		KSTOKE		
ADDRESS 229 PINED			77D CODE 01001	
CITY/TOWN: ATHO		STATE: MA		
MANAGER: NGUY	EN, KIM T. T	YPE OF LICENSE: Pa	ackage Store CATEGORY	: Wine and Malt Regular
EMAIL ADDRESS:				
PLI	EASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF LI				
ONE FLOOR, ONE RC	OM. CELLAR	FOR STORAGE		
2. the licensee	license will be of has complied wi	of the same type for th	e same premises now licensed; amonwealth relating to taxes; and lain below)	
SIGNED BY:	ndividual, Partn	er or Authorized Corp	oorate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LICENSING AUTH By:	HORITY
(If disapproved explain  DATE:	,			



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	004800025		CITYORI	OWN	ATHOL	
APPLICATION FOR	RENEWAL:	Annual	]	LICENS	SED FOR 2	013
		CLASS				YEAR
DOING BUSINESS A	NARAYANDEV INC	NIENCE				
ADDRESS 49 SOUTI						
CITY/TOWN: ATHO	OL .	STATE: MA	ZIP CO	DE:	01331	
MANAGER: PATE	L, GAURANG TYPE C	OF LICENSE: Pa	ackage Store	CA	TEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
Pl	LEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR	EMAIL ADDRESS			
DESCRIPTION OF L	ICENSED PREMISES:					
ONE FLOOR; ONE D	ISPLAY ROOM AND	STORAGE RC	OM			
	e has complied with all less are now open for busing and all less are now open for busing and all less are now open for busing and all less are now open for business and the business are now open for	ness (If not exp	lain below)	lating to	taxes; and	
	marviadai, rartier or z	iumorized Corp	orate Officer			
DATE:	TELEPHONE N	UMBER:				TION NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL L By:	ICENS	ING AUTH	ORITY
DATE:						



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	004800026		CITY OR TOWN	ATHOL	
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	FOSTERS LIQUOI	RS CORPORATIO	ON		
DOING BUSINESS A	A ATHOL SPIRITS				
ADDRESS 9 TUNNE	EL STREET				
CITY/TOWN: ATH	OL	STATE: MA	ZIP CODE:	01331	
MANAGER: FOST R.	ER, SHAWN TYP	E OF LICENSE:	Package Store Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WE	BSITE AND ENTER YOU	R EMAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMIS	ES:			
TWO FLOORS; STR SPACE. CELLAR FO		WO ROOMS,ON	IE FOR STORE AND	ONE FOR R	ENTAL
	e has complied with es are now open for		mmonwealth relating to	o taxes; and	
SIGNED BY:	Individual, Partner	or Authorized Co	rporate Officer		
DATE:	TELEPHONI	E NUMBER:	EMPLOYEF (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 004800028	CH	Y OR TOWN ATHOL	
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 20	013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 246 EX		INC.		
			ZID CODE 01221	
CITY/TOWN: AT			ZIP CODE: 01331	
MANAGER: FAR	ES, AYMAN E. TYPE O	F LICENSE: Restaura	ant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
DESCRIPTION OF	PLEASE ALSO VISIT OUR WEBSITE LICENSED PREMISES:	AND ENTER YOUR EMAIL A	ADDRESS	
	CONSISTING OF A KIT	CHEN, TWO DININ	NG AREAS, STORAGE RO	OM AND
I hereby certify and	swear under penalties of pe	erjury that:		
1. the renev	ved license will be of the sa	ame type for the same	e premises now licensed;	
2. the licens	see has complied with all la	aws of the Commonw	wealth relating to taxes; and	
3. the prem	ises are now open for busin	ness (If not explain b	elow)	
SIGNED BY:				
	Individual, Partner or A	uthorized Corporate	Officer	
DATE:				7011177 DED
DATE:	TELEPHONE NU	JMBER:	EMPLOYER IDENTIFICAT (Note: NOT Individual Social S	
			·	
Acts of 2004, signe	d by the building inspect	or and the head of t	tificate required by Chapt the fire department for the red by Chapter 116 of the	above named
Please Check Below:		L	OCAL LICENSING AUTH	ORITY
APPROVED:		В	y:	
DISAPPROVED:	oin)			
(If disapproved expl	aiii)	_		
		<del>-</del>		
DATE:		<del>-</del>		
APPLICATION FOR RENE	WAL MUST BE FILED BY LICENS	– EES DURING THE MONTH	OF NOVEMBER (M.G.L. Ch. 138 \$ 16	5A)



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 004800031		CITY OR TOWN ATHOL	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: CORNER PU	B LLC		
DOING BUSINESS A CORNER PU	JB		
ADDRESS 99 HAPGOOD STREET	,		
CITY/TOWN: ATHOL	STATE: MA	ZIP CODE: 01331	
MANAGER: BELAND, DIANA	TYPE OF LICENSE: Rest	caurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT (	OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PRI	EMISES:		
FENCED HORSESHOE AREA BEI	HIND BUILDING		
I hereby certify and swear under pena	alties of perjury that:		
1. the renewed license will b	e of the same type for the s	same premises now licensed;	
2. the licensee has complied	with all laws of the Comm	onwealth relating to taxes; and	
3. the premises are now open	n for business (If not explai	in below)	
SIGNED BY:			
Individual, Pa	rtner or Authorized Corpor	rate Officer	
DATE: TELEDI	HONE NUMBER.	EMPLOYER IDENTIFICA	TION NUMBER:
IELEP	HONE NUMBER:	(Note: NOT Individual Social	
			,
We the undersigned, attest that we	•	1 1	
Acts of 2004, signed by the buildin license and (2) the certificate of license and (2) the certificate of license and (3) the certificate of license and (4) the certificate of license and (5) the certificate of license and (6) the certificate of license and (7) the certificate of license and (8) the license and (8) the certificate of license and (8) the certificate of license and (8) the			
ncense and (2) the certificate of high	luor nabinty insurance re	quired by Chapter 116 of the	Acts of 2010.
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	JU48UUU33		CITYOR	IOWN	ATHOL	
APPLICATION FOR I	RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	KASHVI, INC					
DOING BUSINESS A	ATHOL GENER	RAL STORE				
ADDRESS 390 CRESO	CENT ST					
CITY/TOWN: ATHO	L	STATE: MA	A ZIP CO	DDE:	01331	
MANAGER: PATEL BHAV	. TY IKABEN J.	TE OF LICENSE:	Package Store	CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PL	EASE ALSO VISIT OUR V	VEBSITE AND ENTER YOU	R EMAIL ADDRESS			_
DESCRIPTION OF LI						
SINGLE STORY BLD CELLAR				AND S'	ΓORAGE IN	
	=	h all laws of the Corr business (If not ex			taxes; and	
	Individual, Partne	er or Authorized Con	rporate Officer			
DATE:	TELEPHO!	NE NUMBER:				TION NUMBER: ecurity Number)
Please Check Below: APPROVED:				LICENS	ING AUTHO	ORITY
DISAPPROVED:	7		By:			
(If disapproved explain	)					
DATE.						
DATE:						



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	004800034		CITY OR T	TOWN ATHOL	
APPLICATION FOR	RENEWAL:	Annual		LICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:			E. DROUIN		
DOING BUSINESS A	OLD TIME N.E.	SEAFOOD			
ADDRESS 2294 MAI	N ST				
CITY/TOWN: ATHO	<b>D</b> L	STATE: M	A ZIP CO	DDE: 01331	
MANAGER:	TYI	PE OF LICENSE:	Restaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR W	EBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF LI					
50 SEAT RESTAURA	NT AND SEAFO	OD MARKET			
2. the licensee 3. the premise SIGNED BY:	I license will be of has complied with s are now open for Individual, Partner	all laws of the Co business (If not ex	mmonwealth re	ses now licensed; lating to taxes; and	
DATE:	TELEPHON	E NUMBER:		PLOYER IDENTIFICA  NOT Individual Social	
We the undersigned, Acts of 2004, signed I license and (2) the ce	by the building ins	spector and the h	ead of the fire	department for the	above named
Please Check Below:			LOCAL I	LICENSING AUTH	ORITY
APPROVED: DISAPPROVED: (If disapproved explain			By:		
(11 disappioved explain	1 <i>)</i>				
DATE:					



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	004800035	CITY OR TOWN	ATHOL
APPLICATION FOR	RENEWAL: Annua	I LICEN	SED FOR 2013
	CLAS	5	YEAR
DOING BUSINESS A	CUMBERLAND FARMS OF MA CUMBERLAND FARMS STOR		
ADDRESS 109 BROO	OKSIDE ROAD		
CITY/TOWN: ATHO	OL STATE:	MA ZIP CODE:	01331
MANAGER: DALY	,PATRICK A. TYPE OF LICENS	E:Package Store C.	ATEGORY: Wine and Malt Regular
EMAIL ADDRESS:			
	EASE ALSO VISIT OUR WEBSITE AND ENTER Y ICENSED PREMISES:	OUR EMAIL ADDRESS	
2. the licensee	d license will be of the same type for has complied with all laws of the es are now open for business (If not Individual, Partner or Authorized)	Commonwealth relating t	
DATE:	TELEPHONE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)	LOCAL LICENS By:	SING AUTHORITY
DATE:			



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 004800036		CITY (	OR TOWN	ATHOL	
APPLICATION FO	OR RENEWAL:	Annual		LICE	NSED FOR 2	013
		CLASS				YEAR
LICENSEE NAME	E: BLIND PIG LLC					
DOING BUSINES	S A BLIND PIG					
ADDRESS 98 EXC	CHANGE STREET					
CITY/TOWN: AT	ΓHOL	STATE: MA	ZII	P CODE:	01331	
	AUTOUR, TYL VID E.	PE OF LICENSE: Gen pren		(	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:					
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM.	AIL ADDR	ESS		_
DESCRIPTION OF	F LICENSED PREMI	SES:				
NOT RESIDENTIA		ILDING, 2 UPPER AI DR IS BAR ROOM W S				
I hereby certify and	l swear under penalties	s of perjury that:				
1. the rene	wed license will be of	the same type for the s	same pr	remises nov	v licensed;	
	-	all laws of the Comm		_	to taxes; and	
3. the pren	nises are now open for	business (If not explain	in belov	w)		
SIGNED BY:	Individual, Partner	or Authorized Corpor	rate Off	icer		
DATE:	TELEPHON	IE NUMBER:	(N			ΓΙΟΝ NUMBER: Security Number)
Acts of 2004, sign	ed by the building in	e in possession (1) the spector and the head liability insurance re	of the	fire depar	tment for the	above named
Please Check Below:			LOC	AL LICEN	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED: (If disapproved exp	loin)					
(11 disappioved exp	nam)			-		
DATE:						



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 004800037		CITY OR TO	WN ATHOL	
APPLICATION FOR	R RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	WALMAH LI	.C			
DOING BUSINESS	A IRISHMEN				
ADDRESS 11 EXC	HANGE STREE	T			
CITY/TOWN: ATH	HOL	STATE: MA	ZIP CODE	E: 01331	
MANAGER: MAH	IAN, LORY	TYPE OF LICENSE: Res	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EM	MAIL ADDRESS		
DESCRIPTION OF I	LICENSED PRI	EMISES:			
TWO STORY BUIL AND STORAGE IN		TING OF A BAR AND G NT	SAME ROOM (	ON THE MAIN L	LEVEL
I hereby certify and s	wear under pena	alties of perjury that:			
1. the renew	ed license will b	e of the same type for the	same premises	now licensed;	
2. the license	ee has complied	with all laws of the Comn	nonwealth relati	ing to taxes; and	
3. the premis	ses are now open	n for business (If not expla	ain below)		
SIGNED BY:					
	Individual, Pa	rtner or Authorized Corpo	orate Officer		
DATE:	TELEPI	HONE NUMBER:	EMPLO	OYER IDENTIFICAT	TION NUMBER:
			(Note: <u>NO</u>	<u>T</u> Individual Social S	ecurity Number)
We the undersigned	d attact that we	e are in possession (1) the	o contificato vo	guined by Chent	on 204 of the
		g inspector and the head			
license and (2) the o	certificate of liq	uor liability insurance r	equired by Ch	apter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LIC	ENSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	nin)				
DATE					
DATE:					